

# Authorisation for the Administration of Medication For Residents with Swallowing Difficulties



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

<b>Residents Name</b>		<b>D.O.B.</b>	
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Has the GP been informed of the resident's difficulty in swallowing, it could be the reason they are refusing medication

<b>GP</b>		<b>Surgery</b>	
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Has the resident been assessed as having difficulty in swallowing medication?

<b>Nurse</b>	Y	N	Please note that if medication has been changed to a liquid formulation or crushed medication be given in a liquid, consideration should be given to the use of thickening agents
<b>GP</b>	Y	N	
<b>SALT</b>	Y	N	

Have alternative medications or formulations been considered	Y	N
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Have alternative medications or formulations been discussed with the pharmacy	Y	N
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The discussion to crush/sprinkle medication has been discussed and agreed with

Responsible Individual	Signature	Review 1 Date .....	Review 2 Date .....	Review 3 Date .....	Review 4 Date .....
GP					
Care Home Nurse					
Next of Kin / Advocate					
Pharmacist					

Before altering e.g. crushing any medication please consider liquid or dispersible formulation alternatives

Medication to be Administered	Method of Administration i.e. crushed/sprinkle
1	
2	
3	
4	
5	
6	
7	
8	

**Please note you cannot crush or alter the form of tablets/capsules without going through the above process. Doing so puts the resident at risk and makes you liable should any complications arise.**

# Difficult to Swallow and Covert Administration Pathway

